

FACILITIES WORK ORDER REQUEST

INSTRUCTIONS: Complete sections 1 & 2 before routing to Facilities Manager.

SECTION 1 - COMPLETED BY REQUESTOR			
Today's Date 14 SEP 17	Your Name SHOFFNER, DAVID	Your Extension 919-541-0894	Your Branch/Contract FMB
Room Number or Location of Work Boat Shop		Your Project Number	
Description of Work To Be Done (Be brief, use page back if needed) Remove utility sink and sink mounted eye wash in the boat shop. Cut drain at floor and cap with appropriate material. Remove eye wash sign from wall. Remove water supply piping back to room where riser enters the building and cap. Recycle/dispose of materials as appropriate for material (metal scrap, domestic trash, etc.) Contact Dave Shoffner at 919-541-0894 (office Ex. 6 Personal Privacy (PP) cell) with any questions or issues.			
SECTION 2 - COMPLETED BY BRANCH CHIEF			
Branch Chief Approval FMB MORSCHING, JAY		Materials Funded By POS	
Requested Completion Date ASAP		Before starting clear with FMB MORSCHING, JAY	
This request <input type="checkbox"/> does take precedence over previous requests of above branch. <input checked="" type="checkbox"/> does not		Notes APPROVED	
SECTION 3 - COMPLETED BY FACILITIES MANAGER			
Work Order Number		Date 14 SEP 17	
Approved (Facility Manager) FMB MORSCHING, JAY		Approved (Health & Safety or Environmental Compliance, if required) N/A	
Work Assigned To O&M	Date 14 SEP 17	Completion Date	Total Cost
Project Labor Hours		Costs	Material Costs (Attach Materials List)
Notes Consider approved; file accordingly.			